

01-Nov-2003 20:04:25

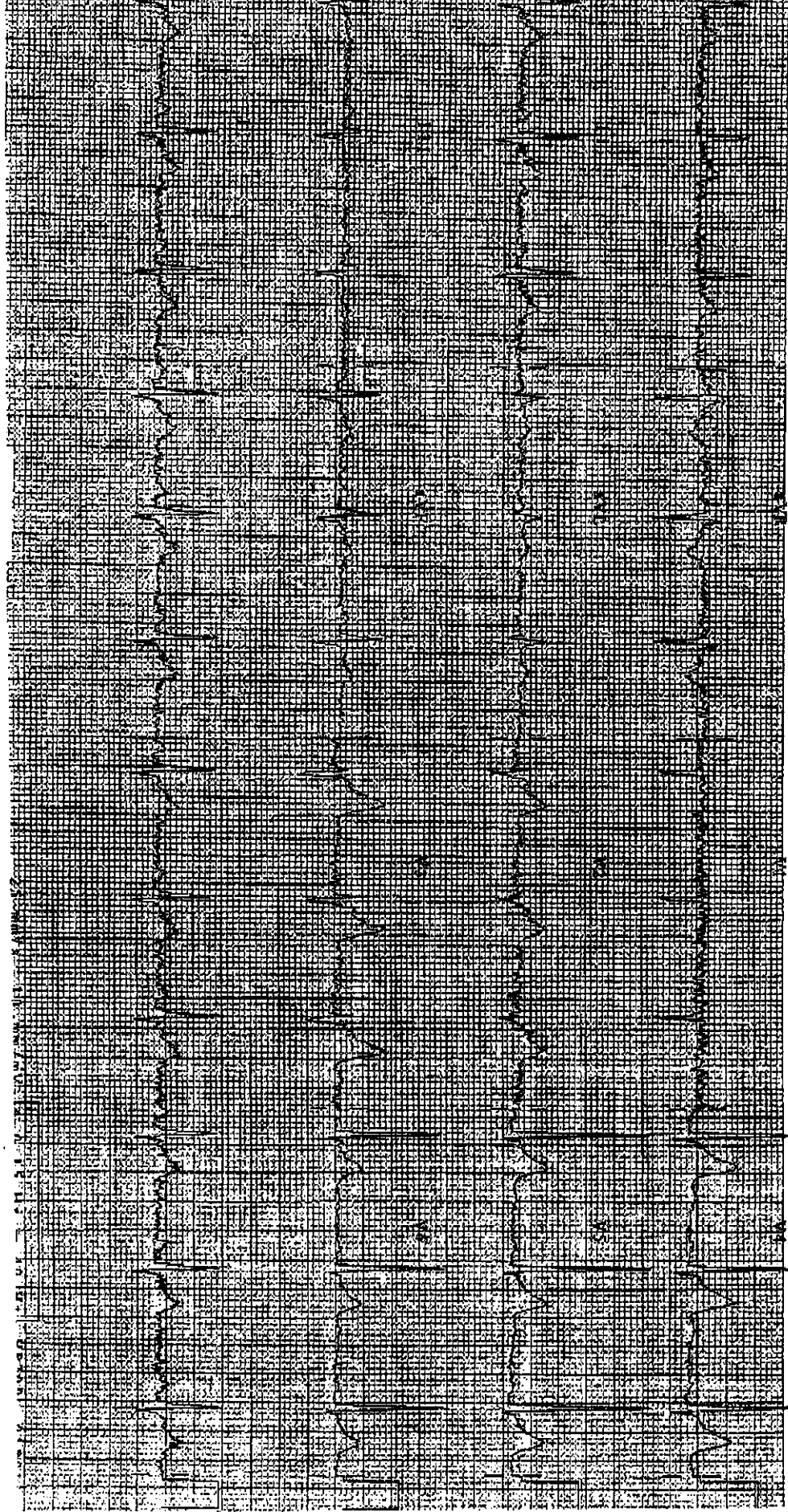
FCI MC KEAN

Rate	69	AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
PR	0	POSSIBLE ATRI FLUT/FIB, A-RATE 444 V-RATE 69.....multiple P's
QRSD	114	ANTERIOR Q WAVES, POSSIBLY DUE TO LVH.....Q>30MS VI V2 & LVH
QT	365	
QTc	391	

--Axis--
P 23
QRS 23
T 43

ABNORMAL ECG -

Unconfirmed diagnosis.



40428 053

01-Nov-2003 20:07:17 ALLEN
39 Years Male

FCI MC KEAN

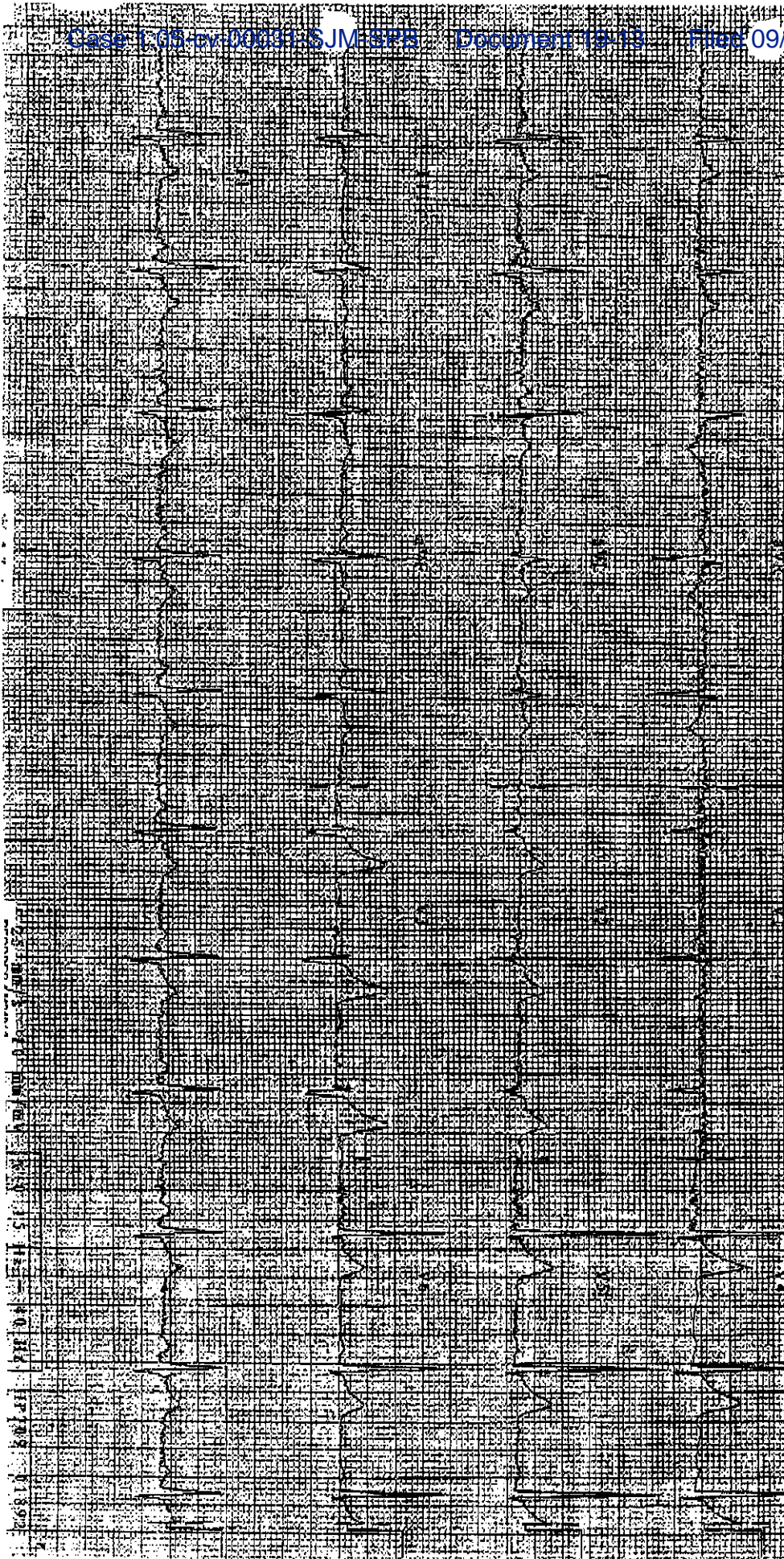
Operator: SL

Rate	65	NORMAL SINUS RHYTHM. RATE 65	normal P axis, PR, rate & rhythm
PR	169	BORDERLINE LEFT ATRIAL ABNORMALITY	P>30ms, <-10mv V1
QRSD	101	CONSIDER ANTEROSEPTAL INFARCT	Q>30ms, S>30ms, V1 V2
QT	361		
QTc	375		

--Axis--
P 89
QRS 34
T 36

- ABNORMAL ECG -

Unconfirmed diagnosis.



40428 053

01-Nov-2003 20:10:05 ALLEN
39 Years Male

FCL MC KEAN

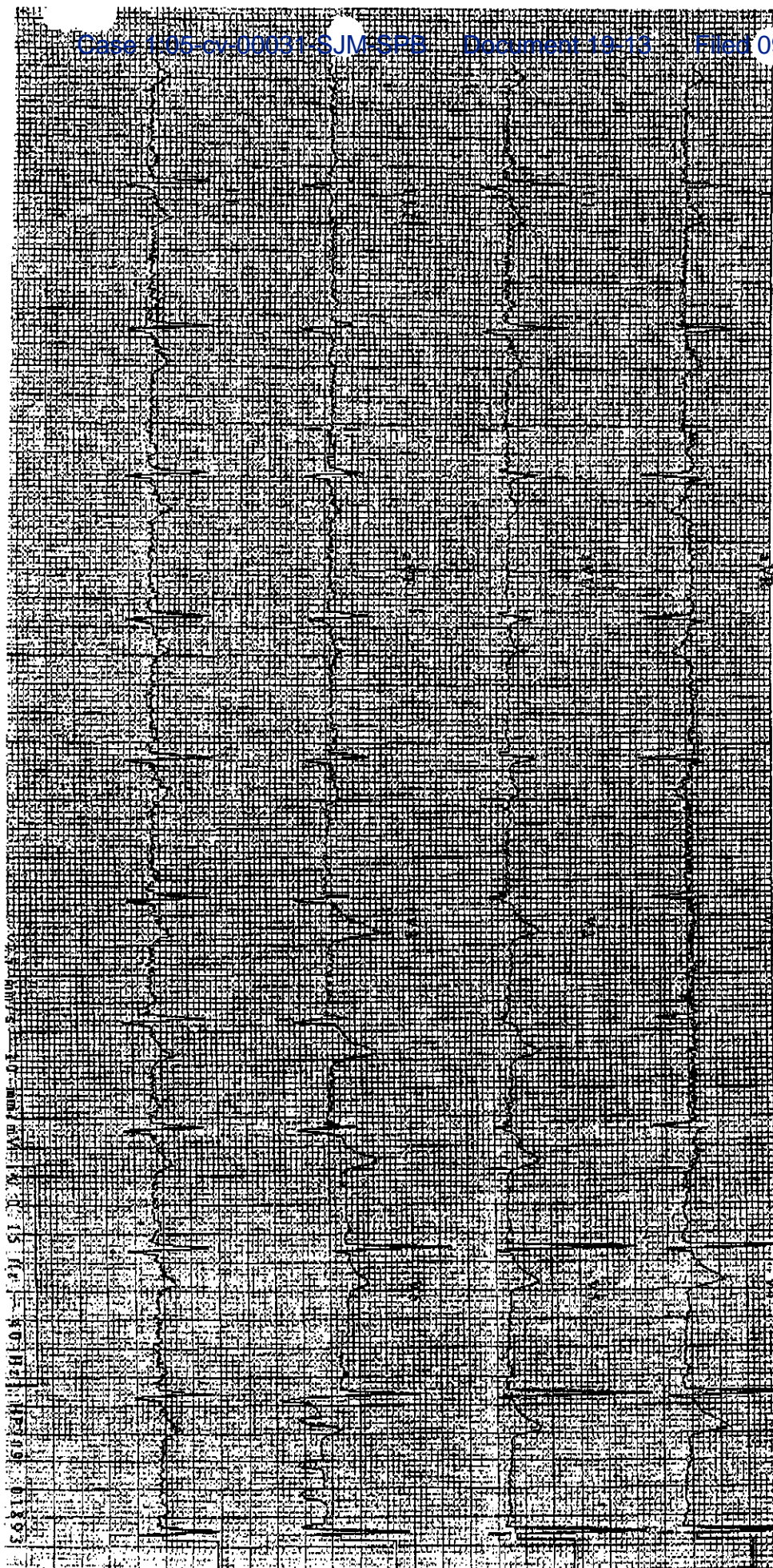
Operator: SL

Rate 65 . IRREG RH'M OF UNCERT ORIGIN, VAR'D RATE 56-79 . V-rate variation >10%
PR 160 . BORDERLINE LEFT ATRIAL ABNORMALITY . P>30ms, <-10mV V1
QRSD 169 . INCOMPLETE RIGHT BUNDLE BRANCH BLOCK . QRS>100, terminal axis (90, 270)
QT 419 . PROBABLE LEFT VENTRICULAR HYPERTROPHY . LVH voltage with LAA or LAD
QTc 436 . ANTERIOR Q WAVES, POSSIBLY DUE TO LVH . Q>30ms V1 V2 & LVH

--Axs--
P 65
QRS 15
T 22

- ABNORMAL ECG -

Unconfirmed diagnosis



**BRADFORD REGIONAL MEDICAL CENTER
EMERGENCY DEPARTMENT**
INSTRUCTIONS FOR FOLLOW-UP CARE

EMERGENCY ROOM
PHONE (814) 362-8274

Name

Anthony Allen

THANK YOU FOR CHOOSING BRMC EMERGENCY DEPARTMENT FOR YOUR MEDICAL NEEDS. WE HOPE YOU ARE SATISFIED WITH THE CARE YOU RECEIVED. PLEASE CALL THE EMERGENCY ROOM AT (814) 362-8274 OR THE PATIENT REPRESENTATIVE AT (814) 362-8670 IF THERE IS ANY PROBLEM. YOU HAVE RECEIVED CARE FOR AN ACUTE CONDITION. DIAGNOSIS IS NOT ALWAYS CLEAR-CUT UNDER THESE CIRCUMSTANCES AND INDIVIDUAL RESPONSE TO ILLNESS, INJURY AND TREATMENT IS UNPREDICTABLE AT TIMES. THEREFORE, SHOULD ANY OF THE FOLLOWING OCCUR, PLEASE CONTACT OR REPORT TO THE EMERGENCY ROOM OR YOUR PRIVATE PHYSICIAN.

Your current symptoms persist or worsen _____ ☐ card given

New symptoms develop particularly _____

You feel you are having difficulty with medication _____

You have any questions that you feel are important, _____

Other instructions:

- ① Diet as tolerated
- ② Nothing but small amounts of clear liquids tonight
- ③ Follow up with regular MD
- ④ Return if any problem

☐ **MEDICATION**

- The medication you have been prescribed may cause drowsiness. Do not drink alcohol, operate machinery or drive a vehicle while using. ☐ medication information sheet given.

☐ **CULTURE REPORTS**

- You will be contacted if your culture results indicate that a change in your treatment will be needed.

☐ **X-RAY REPORTS**

- Your x-rays have been read by the Emergency Room physician. They will also be interpreted by a radiologist tomorrow. Should there be a significant change in diagnosis, you will be notified.

☐ **TETANUS TOXOID** ☐ **DIPHTHERIA TETANUS**

☐ **DIPHTHERIA, PERTUSSIS, TETANUS**

☐ **VACCINE INFORMATION GIVEN**

Lot # _____

Manufacturer _____



431

Date 11.01.03

Physician Signature _____

Nurse Signature _____

I understand the instructions given to me by the physician.

Patient Signature _____

5780-431 4/99

*** BRADFORD REGIONAL MEDICAL CENTER ***
116 INTERSTATE PARKWAY
BRADFORD, PA 16701

***** DIAGNOSTIC IMAGING DEPARTMENT *****

Patient	FC	Admit	Birth Dt	Age	Sex	SSN	Room	PT	MR Number
4361609	11	11-01-03	05-02-64	39	M			E	000223187

ALLEN, ANTHONY
BOX 500 BRADFORD Phone#: (814) 362-8900 Date: 11/01/03
Ref Phys: PA 16701 Time: 21:51

Att Phys: IRWIN, GLENN, DR.

Adm Dx:

Adm Phys:

Procedure: 0865 DX - Chest

Tech: AY/SG

Reg Phys: IRWIN, GLENN, DR.

Reason: ILLNESS

Priority: ASAP

Date to do: 11-01-03

Preg Status: Patient is Male

LMP Status:

Portable: Y

Comments:

Handicap:

Resuscitate:

Radiologist: Mark J. Welch, MD

High Risk Falls:

===== RADIOLOGY RESULT =====

0865 DX - Chest

Explained to Pt: Y

Preg: NA Shielded: Y

2nd Chk LMP: MALE

AP ERECT CXR PORTABLE

Views: 1

Student:

AP: MAS 5 KvP 76 SID 60

PA: MAS KvP SID

LAT: MAS KvP SID

OTH: MAS KvP SID

Date Typed: 11/2/2003

Date Dictated: 11/2/2003

CHEST:

The heart is not enlarged. Hyperaeration is noted. No failure or pneumonia is seen.

IMPRESSION:

No acute disease.

kte

Electronic verification by Mark J. Welch, MD

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY

BIRTHDATE: 05/02/1964 M 39

PATIENT #: 000223187

PT PHONE#: (814)362-8900

COLLECTED: 11/01/03 21:40

REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

CPK MB'S AND ISOENZYMES

CPK	185	5-202	U/L
CPK MB	1.0	0.0-5.0	ng/mL

A value greater than 5.0 ng/ml or a % ratio of MB to total CK greater than 2.5 is suggestive of an M.I. when the total CPK exceeds 100.

Interpretation should be based on a MINIMUM of 2 samples collected 4 to 6 hours apart.

CPK/MB RATIO	0.5	0.0-2.5	%
TROPONIN-I	0.00	0.00-1.50	ng/mL

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:47 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814)362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

ROUTINE CHEMISTRY

ROUTINE CHEMISTRY

GLUCOSE	104	70-120	mg/dl
BUN	L 7.0	8.0-20.0	mg/dl
CREATININE	1.3	0.7-1.5	mg/dl
SODIUM	139	135-147	mEq/L
POTASSIUM	4.2	3.5-5.5	mEq/L
CHLORIDE	100	98-108	mEq/L
CARBON DIOXIDE	27.4	24.0-30.0	mEq/L
ANION GAP	12		
CALCIUM	9.7	8.4-10.7	mg/dl
TOTAL PROTEIN	8.0	6.0-8.0	g/dl
ALBUMIN	4.4	3.0-5.0	g/dl
CHOLESTEROL	165	110-200	mg/dl
TRIGLYCERIDES	53	35-230	mg/dl
BILIRUBIN, TOTAL	0.9	0.0-1.0	mg/dl
AST	22	10-42	U/L
CPK	185	5-202	U/L
STAT - CPK MB	ORDERED		
ALK PHOSPHATASE	112	17-120	U/L
ALT	36	10-60	U/L
AMYLASE	81	20-140	U/L
LIPASE	H 291	114-286	U/L
MAGNESIUM	2.1	1.3-2.4	mg/dl

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:47 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814) 362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

HEMATOLOGY

CBC WITH AUTOMATED DIFFERENTIAL

WBC	10.7	4.8-10.8		
RBC	5.25	4.70-6.10		
HEMOGLOBIN	16.4	14.0-18.0		X 1 millio
HEMATOCRIT	46.5	42.0-52.0		g/dl
MCV	88.6	80.0-94.0		%
MCH	H 31.3	27.0-31.0		fL
MCHC	35.3	33.0-37.0		pg
RDW	13.6	11.5-14.5		g/dl
PLATELET COUNT	280	130-400		%
NEUTROPHILS	H 75.6	40.0-74.0		X 1000/uL
LYMPHOCYTES	L 13.1	19.0-48.0		%
MONOCYTES	6.2	5.6-11.6		%
EOSINOPHIL	3.1	0.0-7.0		%
BASOPHILS	0.9	0.0-1.5		%
LUC	1.1	0.0-4.0		%

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 21:51 Page: 1

BRADFORD REGIONAL MEDICAL CENTER
116-156 Interstate Parkway Bradford PA 16701
LAB REPORT

ALLEN, ANTHONY
 BIRTHDATE: 05/02/1964 M 39
 PATIENT #: 000223187
 PT PHONE#: (814)362-8900
 COLLECTED: 11/01/03 21:40
 REPORT TO: IRWIN JR, GLENN J

REQ. PHYSICIAN: IRWIN JR, GLENN J

TEST NAME	RESULTS	REFERENCE VALUES	UNITS	TS
-----------	---------	------------------	-------	----

COAGULATION / SEROLOGY

COAGULATION

APTT	22.1	0.0-40.0	seconds
PROTIME CONTROL	11.7		seconds
PROTHROMBIN TIME	12.4	10.0-13.0	seconds
INR	1.1	0.0-4.5	seconds

Recommended Ranges for Coumarin Using INR

	INR	Target
1. Preoperative oral anticoagulant started two weeks before surgery		
Non-hip surgery	1.5-2.5	2
Hip surgery	2-3	2.5
2. Primary and secondary prevention of deep vein thrombosis	2-3	2.5
3. Prevention of recurrent deep vein thrombosis (two or more episodes)	2.5-4.0	3
4. Prevention of arterial thrombosis including patients with mechanical heart valves	3.0-4.5	3.5

EMERGENCY DEPARTMENT

LAB #D1010172

PRINTED 11/01/03 22:21 Page 1

01-Nov-2003 21:26:18 ANTHONY ALLEN
39 Years Male

0174
ANTHONY ALLEN
11/01/03
00023187
ER:1

11/01/03
00023187
ER:1

BRADFORD REGIONAL MEDICAL CENTER
Department: ER
Room: 2

Operator: AMB

Rate 75 Normal sinus rhythm, rate 75
PR 167 Early transition
QRSD 101
QT 341
QTc 381

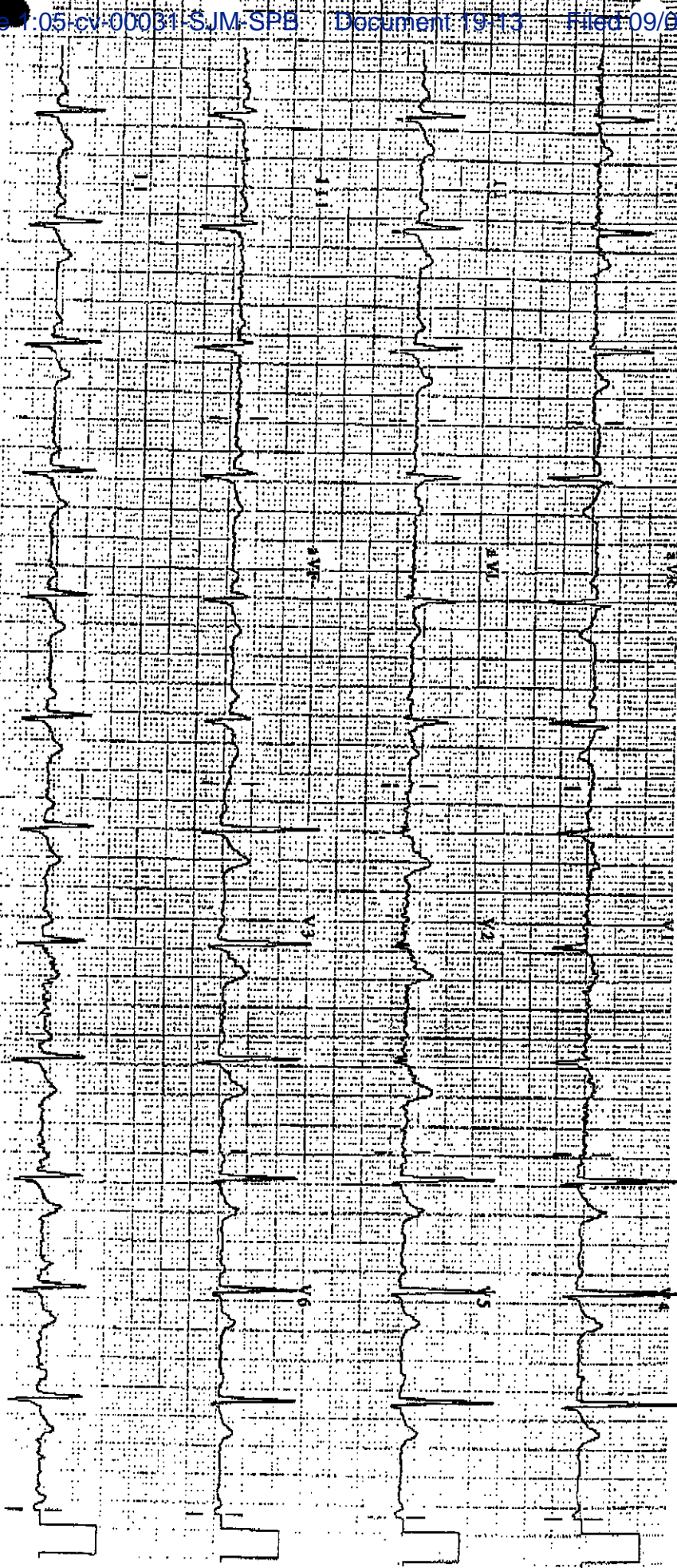
SINUS RHYTHM WITH NORMAL EKG.

--axis--
P 56
QRS -10
T 47

INTERPRETED BY: O. JAMIL, OTHERWISE NORMAL ECG

Unconfirmed MD must review.

Requested by:
IRWIN / J. M. /



25 mm/s 10 mm/mV

P 0.5 Hz - 40 Hz W

HP708 31669

4361609

01-Nov-2003 21:26:18
39 Years
ANTHONY ALLEN
Male

0174
D1310174
ALLEN, ANTHONY 39 M
11/01/03
11/02/03
11/02/03
11/02/03

11/02/03
11/02/03
11/02/03
11/02/03

BRADFORD REGIONAL MEDICAL CENTER
Department: ER
Room: 2
Operator: AMB

Rate 75 Normal sinus rhythm, rate 75
PR 167 Early transition
QRSD 101
QT 341
QTc 381
Normal P axis, PR, rate & rhythm
QRS positive in V2

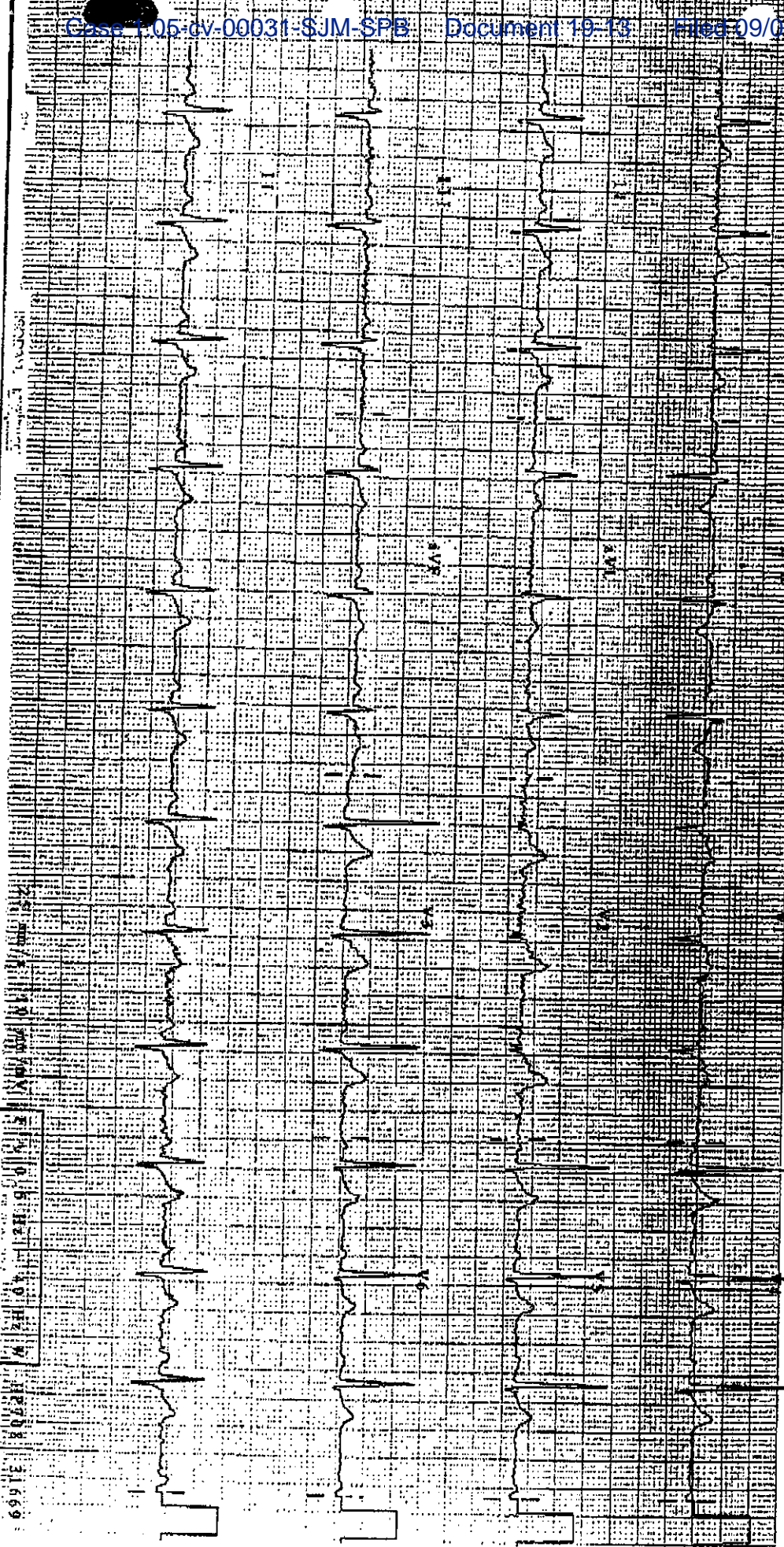
SINUS RHYTHM WITH NORMAL EKG.

INTERPRETED BY: O. JAMIT, OTHERWISE NORMAL ECG -

Unpositioned MD mail review.

Requested by:
IRWIN / Jamit

--Axis--
P 56
QRS -10
T 47



5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
11/02/03 31.669

01-Nov-2003 20:02:57

ECG 7.7
1st = 60
98%
11/7/72

FCI MC KEAN

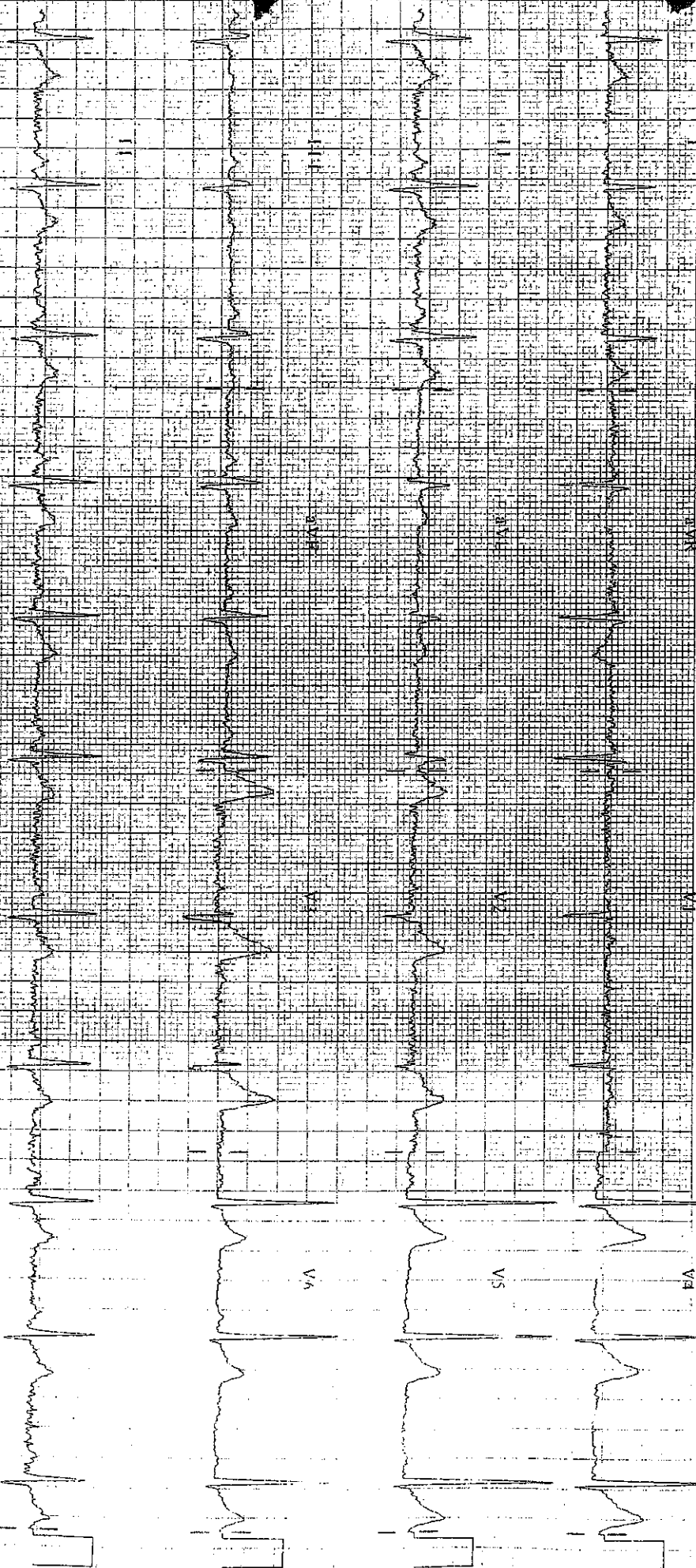
Rate 62 AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
PR 0 POSSIBLE ATRI FLUT/FIB, A-RATE 431 V-RATE 62
ORSD 101 PROBABLE LEFT VENTRICULAR HYPERTROPHY
QT 366 ANTERIOR Q WAVES, POSSIBLY DUE TO LVH
QTc 372 MINIMAL ST ELEVATION, INFERIOR LEADS
ST > .06mv II III aVF

H. BEAM, MD
FCI

--Axis--
P 27
QRS 27
T 35

ABNORMAL ECG -

Unconfirmed diagnosis.



Anterior

2.5 mm/s 10 mm/mV

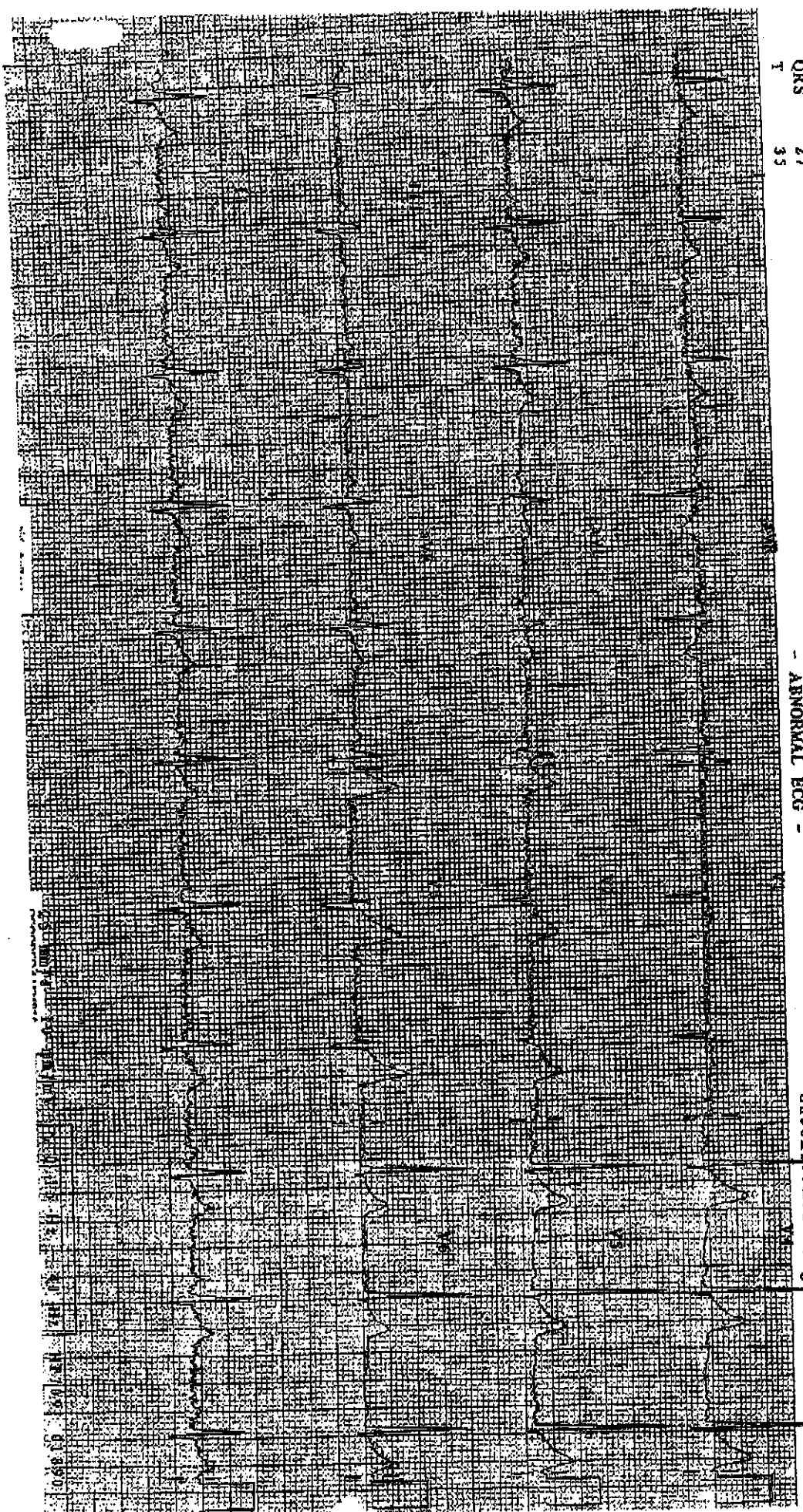
0.15 Hz - 40 Hz

HP709 01890

01-NOV-2003 20:02:57

T-97.7
144-60
99% C
(17/172

PCI MC KEAN



Rate 62 AGE NOT ENTERED, ASSUMED TO BE 50 YEARS FOR PURPOSE OF ECG INTERPRETATION
 PR 0 POSSIBLE ATRI FLUT/FIB, A-RATE 431 V-RATE 62...multiple P's
 QRS 101 PROBABLE LEFT VENTRICULAR HYPERTROPHY...LVH voltage with IAA of LAD
 QT 366 ANTERIOR Q WAVES, POSSIBLY DUE TO LVH...Q>30ms V1 V2 & LVH
 QTc 372 MINIMAL ST ELEVATION, INFERIOR LEADS...ST>.06mV II III aVF

--Axis--
 P 27
 QRS 27
 T 35

- ABNORMAL ECG -

Unconfirmed diagnosis.

PROBLEM LIST

APPROX. DATE ONSET	NO.	ACTIVE PROBLEMS	DATE NOTED	INACTIVE/RESOLVED PROBLEMS	DATE IF RESOLVED
	1	? HTN - 8 evidence found			
	2	hx of ⊕ PPD Neg PPD on 6/10/94			
	3	NKDA			
	4	+ Anti HCV ERRATA AFYB 7-12-98 A. GUNTHER, MD	3/95		
	4 6/7/00)	Hemorrhoids			
	5 11/20/00)	RJH			
1-27-04		Right inguinal hernia		Repair of right inguinal hernia	1-9-04
		Positive RPR at 1:1 ratio, with MHA-TA negative			
		Care Level T			

NAME

BIRTH DATE

SS/REG. NO.

IHS-126
(REV. 01/89)

PROBLEM LIST

3/2/64

Medication Summary Sheet

Ord.Date 08/19/03	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 10/17/03	40428-053	(1)Refills
Rx #	TAKE TWO TABLETS EVERY TWELVE HOURS	
153309	PENICILLIN VK 500 MG TAB	#30
Ord.Date 08/19/03	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 10/17/03	40428-053	(1)Refills
Rx #	TAKE ONE TABLET EVERY EIGHT HOURS AS NEEDED	
153310	IBUPROFEN 800 MG TAB	#20
Ord.Date 09/22/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/20/03	40428-053	(2)Refills
Rx #	TAKE 1 TABLET WITH A FULL GLASS OF WATER 3 TIMES DAILY. IMPORTANT: INCREASE YOUR DAILY FLUID AND WATER INTAKE.	
155292	FIBER TABLET	#90
Ord.Date 09/22/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/20/03	40428-053	(2)Refills
Rx #	UNWRAP AND INSERT 1 SUPPOSITORY INTO YOUR RECTUM 2 TIMES DAILY.	
155293	HYDROCORTISONE ACET. SUPPS, 24 25 MG SUPP	#20
Ord.Date 09/22/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/20/03	40428-053	(2)Refills
Rx #	APPLY VERY SMALL AMOUNT TO THE AFFECTED AREA(S) 2 TIMES DAILY.	
155294	BACITRACIN OINT	#1
Ord.Date 10/28/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 11/10/03	40428-053	(0)Refills
Rx #	TAKE ONE TABLET THREE TIMES DAILY	
157572	METRONIDAZOLE 250 MG TAB	#30
Ord.Date 10/28/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 11/10/03	40428-053	(0)Refills
Rx #	TAKE ONE TABLET FOUR TIMES DAILY	
157571	PENICILLIN VK 500 MG TAB	#40
Ord.Date 11/03/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 11/17/03	40428-053	(0)Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY UNTIL FINISHED	
157849	DOXYCYCLINE 100 MG CAP	#20
Ord.Date 12/01/03	ALLEN, ANTHONY GEORGE	S. LABROZZI
Exp.Date 12/14/03	40428-053	(0)Refills
Rx #	TAKE ONE CAPSULE TWICE DAILY FOR 10 DAYS	
159449	DOXYCYCLINE 100 MG CAP	#20

Ord.Date 12/10/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/17/03	40428-053	(0)Refills
Rx #	TAKE ONE TABLET AT 7 AM, 12:00, AND 7 PM	
160137	SIMETHICONE (QUAL) 80 TAB	#30
Ord.Date 12/10/03	ALLEN, ANTHONY GEORGE	H. BEAM,MD
Exp.Date 12/17/03	40428-053	(0)Refills
Rx #	TAKE ONE TABLET AT 7 AM, 12:00, 7 PM THEN DISCONTINUE	
160136	CHLORPHENIRAMINE 4 MG TAB	#15
Ord.Date 02/03/04	ALLEN, ANTHONY GEORGE	D. OLSON
Exp.Date 03/03/04	40428-053	(0)Refills
Rx #	TAKE 1 TABLET 4 TIMES DAILY. DO NOT SKIP DOSES. (ANTIBIOTIC)	
162851	PENICILLIN VK 500 MG TAB	#12
Ord.Date 09/03/04	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 11/01/04	40428-053	(1)Refills
Rx #	TAKE TWO CAPSULES EVERY TWELVE HOURS	
172632	AMOXICILLIN 500 MG CAP	#30
Ord.Date 09/03/04	ALLEN, ANTHONY GEORGE	W. COLLINS
Exp.Date 11/01/04	40428-053	(1)Refills
Rx #	TAKE ONE TABLET EVERY 8 HOURS WITH FOOD AS NEEDED	
172633	IBUPROFEN 800 MG TAB	#20

ALLEN, ANTHONY GEORGE
40428-053
MCKEAN HOUSING FACILITY - C01
08/19/2003

FCI
McKean

BP-S619.060
AUG 96

IMMUNIZATION RECORD

CDFERM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TETANUS TOXOIDS

[illegible]

TUBERCULIN TESTS

[illegible]

Patient Identification
(Name, Reg #)

(This form may be replicated via WP)

Allen, Anthony
46428-053

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 3-21-04
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Allen, Anthony</i>		2. IDENTIFICATION NUMBER <i>40428-053</i>		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>1175 Park Place Brooklyn</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>1175 Park Place Brooklyn NY 11213</i>		
6. DATE OF BIRTH <i>5-2-64</i>	7. AGE <i>40</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT <i>Wife</i>	
10. PLACE OF BIRTH <i>King's Point Jamaica</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>BOP DOS</i>		12b. ORGANIZATION UNIT <i>FCI McKean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY _____ b. CIVILIAN _____
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI McKean P.O. Box 5000 Bradford, PA 16701</i>		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION <i>A+ Bi-Annual</i>		

17. CLINICAL EVALUATION			
NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/> O. PROSTATE (Over 40 or clinically indicated)
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/> P. TESTICULAR
<input checked="" type="checkbox"/>	C. DRUMS (Perforation)		<input checked="" type="checkbox"/> Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/> R. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/> S. G.U. SYSTEM
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		<input checked="" type="checkbox"/> T. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/> U. FEET
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/> V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		<input checked="" type="checkbox"/> W. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/> X. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/> Y. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/> Z. NEUROLOGIC (Equilibrium tests under item 41)
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/> AA. PSYCHIATRIC (Specify any personality deviation)
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)		<input checked="" type="checkbox"/> AB. BREASTS
			<input checked="" type="checkbox"/> AC. PELVIC (Females only)

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

X - tattoo X1

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;"> 0 1 2 3 32 31 30 Teeth </div> <div style="text-align: center;"> 1 2 3 32 31 30 Non-restorable teeth </div> <div style="text-align: center;"> X 1 2 3 32 31 30 Missing Teeth </div> <div style="text-align: center;"> X X X 1 2 3 32 31 30 Replaced by Dentures </div> <div style="text-align: center;"> X 1 2 3 32 31 30 Fixed Partial Dentures </div> </div> </div>																			
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	L	
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	F	
G																		T	

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. EKG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

BP-S354.060 INTAKE SCREENING (MEDICAL) CDFRM

NOV 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution <i>McKean</i>	Date of Arrival <i>2/2/04</i>	Time of Arrival
Inmate's Name <i>Allen, Anthony</i>	Register Number <i>40428-053</i>	

M E D I C A L C L E A R A N C E

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)
2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)
3. Approved for Temporary Work Assignment? ☒ yes; ☐ no (Specify limitations or exclusions)
4. For Holdovers: OK for Continued Transport? ☐ yes; ☐ no (Explain)
5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks:

EHM, NKDA

Medical Staff Signature *[Signature]* *J. Fleming, EMT-P*

Medical Staff Title *FCI McKean Paramedic*

Date *2/2/04* Time *1800*

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994



NAME: Allen, Anthony IDENTIFICATION NUMBER: 4042P-053

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 6'1" 21. WEIGHT 204 22. COLOR HAIR Black 23. COLOR EYES Brown 24. BUILD ☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE 25. TEMPERATURE 95.4

26. BLOOD PRESSURE (Arm at heart level)

27. PULSE (Arm at heart level)

A. SITTING B. RECUMBENT C. STANDING (3 mins.) D. AFTER EXERCISE E. 2 MINS. AFTER

28. DISTANT VISION 29. REFRACTION 30. NEAR VISION

RIGHT 20/ 30 CORR. TO 20/ Forget BY S. CX CORR. TO BY

LEFT 20/ 30 CORR. TO 20/ Forget BY S. CX CORR. TO BY

31. HETEROPHORIA (Specify distance)

ESO EXO R.H. L.H. PRISM DIV. PRISM CONV. CT PC PD

32. ACCOMMODATION 33. COLOR VISION (Test used and result) 34. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED

35. FIELD OF VISION 36. NIGHT VISION (Test used and score) 37. RED LENS TEST 38. INTRAOCULAR TENSION RIGHT LEFT

39. HEARING 40. AUDIOMETER 41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

RIGHT WV /15 SV /15 250 500 1000 2000 3000 4000 6000 8000 256 512 1024 2048 2896 4096 6144 8192

LEFT WV /15 SV /15 RIGHT LEFT

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Fam. Hx - none
Med/Surg Hx - rt. inguinal hernia repair 1/04

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

CHM no medical concerns
Rt. inguinal hernia repair & problems

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None at this time

45A. PHYSICAL PROFILE

P U L H E S

46. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR *Reg. housing, duty,*

B. ☐ IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN J. Glenn, FNP-C SIGNATURE [Signature]

49. TYPED OR PRINTED NAME OF PHYSICIAN FGL McKean SIGNATURE [Signature]

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) MD SIGNATURE [Signature]
Clinical Director

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY SIGNATURE

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Allen, Anthony</i>		2. IDENTIFICATION NUMBER <i>40428-053</i>	3. GRADE AND COMPONENT OR POSITION	
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>Same</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>300 Legion St Brooklyn, N.Y. 11212 Vyomile Allen mother Teddy Allen brother</i>		
6. DATE OF BIRTH <i>5-2-64</i>	7. AGE <i>37</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT <i>Mother or brother</i>	
10. PLACE OF BIRTH <i>Jamaica WI</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>BOP DOT</i>		12b. ORGANIZATION UNIT <i>McKean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY <i>N/A</i> b. CIVILIAN <i>1</i>
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI McKean Box 5000 Bradford, PA</i>		15. RATING OR SPECIALTY OF EXAMINER <i>Hiv - blood sugar - or - narcotics</i>		
		16. PURPOSE OF EXAMINATION <i>Bi Annual</i>		

17. CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL	NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR	
<input checked="" type="checkbox"/>	C. DRUMS (Resonance)		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. G-U SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT		<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)	(1)	<input checked="" type="checkbox"/>	U. FEET	
	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	(2)
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)	(3)	<input checked="" type="checkbox"/>	BB. BREASTS	
			<input checked="" type="checkbox"/>	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

1) - missing teeth 1-10

2) - (Knee scar) - bike accident
- elbow
- facial scars from childhood
Tattoo - (chest)

3) pt. has extremely large inguinal hernia (R)
which extends down into scrotal sac. PT.
states it causes no problems unless he eats
"gassy foods" which causes pain in this area.

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Upper Teeth										Lower Teeth									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS (1) SPECIFIC GRAVITY

B. CHEST X-RAY OR PPD (Place, date, film number and result)

URINE ALBUMIN

URINE MICROSCOPIC

URINE SUGAR

C. BILIRUBIN SERUM (Color, test, result)

D. LUNG

E. BLOOD TYPE AND Rh

F. OTHER TESTS

NAME: <u>Allen, Anthony</u>		IDENTIFICATION NUMBER: <u>40428-03</u>		NO. OF SHEETS ATTACHED: <u>5</u>	
MEASUREMENTS AND OTHER FINDINGS					
20. HEIGHT: <u>72"</u>	21. WEIGHT: <u>210 lbs</u>	22. COLOR HAIR: <u>Black</u>	23. COLOR EYES: <u>Brown</u>	24. BIRTH: <u>97'</u>	25. TEMPERATURE: <u>97'</u>
26. BLOOD PRESSURE (Arm at heart level)			27. PULSE (Arm at heart level)		
A. SITTING: <u>110/70</u>	B. RECUMBENT: <u>110/70</u>	C. STANDING (15 mins.): <u>110/70</u>	D. SITTING: <u>72 R.R.</u>	E. RECUMBENT: <u>72 R.R.</u>	F. STANDING (15 mins.): <u>72 R.R.</u>
28. DISTANT VISION		29. REFRACTION		30. NEAR VISION	
RIGHT 20/ <u>10</u>	CORR. TO 20/	BY	S	CX	CORR. TO
LEFT 20/ <u>10</u>	CORR. TO 20/	BY	S	CX	CORR. TO
31. HETEROPHORIA (Specify distance): <u>5 ft</u>					
ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT
32. ACCOMMODATION		33. COLOR VISION (Test used and result)		34. DEPTH PERCEPTION (Test used and score)	
RIGHT <u>WNL</u>	LEFT <u>WNL</u>	<u>Shellen, Pass</u>		UNCORRECTED	
35. FIELD OF VISION		36. NIGHT VISION (Test used and score)		CORRECTED	
RIGHT <u>WNL</u>	LEFT <u>WNL</u>	37. RED LENS TEST		38. INTRAOCULAR TENSION	
39. HEARING		40. AUDIOMETER		RIGHT	
RIGHT WV	/15 SV	/15	250	500	1000
			256	512	1024
			2048	2896	4096
			6144	8192	
LEFT WV	/15 SV	/15	RIGHT		
			LEFT		
41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

E.H. 37 yr old E no major health concerns or recurrent problems.

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

- Pt. is non-smoker. Normally wears glasses to correct 20/100 vision bil.
- Extremely large, asymptomatic @ inguinal hernia
- Pt. is concerned about a reported @ PPD from 1994. IM states this was an error and would like it corrected.

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

45A. PHYSICAL PROFILE	
P	U
L	H
E	S
45B. PHYSICAL CATEGORY	
A	B
C	E
46. EXAMINEE (Check)	
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR	
B. <input type="checkbox"/> IS NOT QUALIFIED FOR	
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	
48. TYPED OR PRINTED NAME OF PHYSICIAN	
Bonnie A Saylor, NP	
49. TYPED OR PRINTED NAME OF PHYSICIAN	
Bonnie A Saylor, NP	
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	
Clinical Director	
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Allen, Anthony</i>			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>40428-053</i>
4. HOME ADDRESS (Number, Street or RFD, city or town, State and ZIP Code) <i>300 Legion St Brooklyn, N.Y.</i>			5. PURPOSE OF EXAMINATION <i>A+O</i>		6. DATE OF EXAMINATION <i>9-7-94</i>
7. SEX <i>M</i>	8. RACE <i>Black</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY <i>BOP</i>	11. ORGANIZATION UNIT <i>FCZ McKean</i>
12. DATE OF BIRTH <i>5-2-64</i>		13. PLACE OF BIRTH <i>Jamaica</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>P.O. Box 5000, Bradford, PA 16701</i>				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR-MAL
NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

① Nose: 1cm scar on anterior aspect due to trauma 8 years ago.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

DENTAL																																							
Restorable Teeth								Non-restorable Teeth				Missing Teeth				Replaced by Dentures				Fixed Partial dentures																			
1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8								
32	31	30	29	28	27	26	25	32	31	30	29	28	27	26	25	32	31	30	29	28	27	26	25	32	31	30	29	28	27	26	25	32	31	30	29	28	27	26	25
R	I	G	H	T				R	I	G	H	T				R	I	G	H	T				R	I	G	H	T				R	I	G	H	T			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS									
51 HEIGHT 6'0	52 WEIGHT 204	53 COLOR HAIR Brown	54 COLOR EYES Brown	55 BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56 TEMPERATURE 95.0				
57 BLOOD PRESSURE (Arm at heart level)				58 PULSE (Arm at heart level)					
A SITTING SYS 130 DIA 90	B RECUMBENT SYS DIA	C STANDING (5 min.) SYS DIA	A SITTING 84/min	B AFTER EXERCISE	C 2 MIN. AFTER				
59 DISTANT VISION		60 REFRACTION		61 NEAR VISION					
RIGHT 20' 20	CORR TO 20'	BY	S	CX	CORR. TO BY				
LEFT 20' 20	CORR TO 20'	BY	S	CX	CORR. TO BY				
62 HETEROPHORIA (Specify distance)									
ES*	EX*	R.H.	L.H.	PRISM DIV	PRISM CONV. CT				
63 ACCOMMODATION		64 COLOR VISION (Test used and result)		65 DEPTH PERCEPTION (Test used and score)					
RIGHT	LEFT			UNCORRECTED					
				CORRECTED					
66 FIELD OF VISION		67 NIGHT VISION (Test used and score)		68 RED LENS TEST					
				69 INTRAOCULAR TENSION					
70 HEARING		71 AUDIOMETER							
RIGHT WV	/15 SV	/15	250 256	500 512	1000 1024				
			2000 2048	3000 2896	4000 4096				
			6000 6144	8000 8192					
LEFT WV	/15 SV	/15	RIGHT						
			LEFT						
72 PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									

73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

- ① Hypertension since 8 years
 ② T.B. : denied
 HIV : denied
 Hepatitis : denied
 IVRA : denied

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

- ① Hypertension

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

Regular Duty

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

C. Carson

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate specialty)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Allen, Anthony</i>			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO. <i>40428-053</i>	
4. HOME ADDRESS (Number, Street or RFD, City or Town, State and Zip Code) <i>289 Empire Blvd Brooklyn, NY 11224</i>			5. PURPOSE OF EXAMINATION <i>Dental/Regular</i>		6. DATE OF EXAMINATION <i>16 Oct 92</i>	
7. SEX <i>Male</i>	8. RACE <i>Black</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <i>14</i> CIVILIAN		10. AGENCY <i>BOP</i>	11. ORGANIZATION UNIT <i>HCC 144</i>	
12. DATE OF BIRTH <i>2 MAY 64 (28)</i>		13. PLACE OF BIRTH <i>KINGSTON, JAMAICA</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>ALLEN, Diana same as #4</i>		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>MCC NEW YORK HEALTH SERVICES UNIT 150 PARK ROW NEW YORK, NEW YORK 10007</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 58, 59 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, Fistula, Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

BBR. *SPRAYED*

rectal *MEDICINUM*

WTC

WTC

1 1/2" elliptical scar - old - @ an

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth			Non-restorable teeth			Missing Teeth			Replaced by Dentures			Fixed Partial dentures		
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
32	31	30	32	31	30	32	31	30	32	31	30	32	31	30
R														
I														
G														
H														
T														

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS